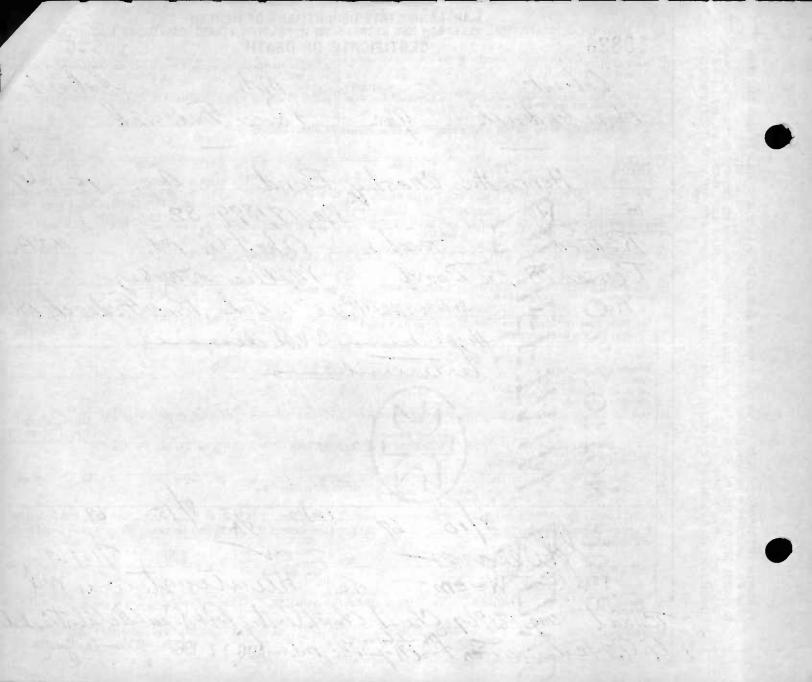
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

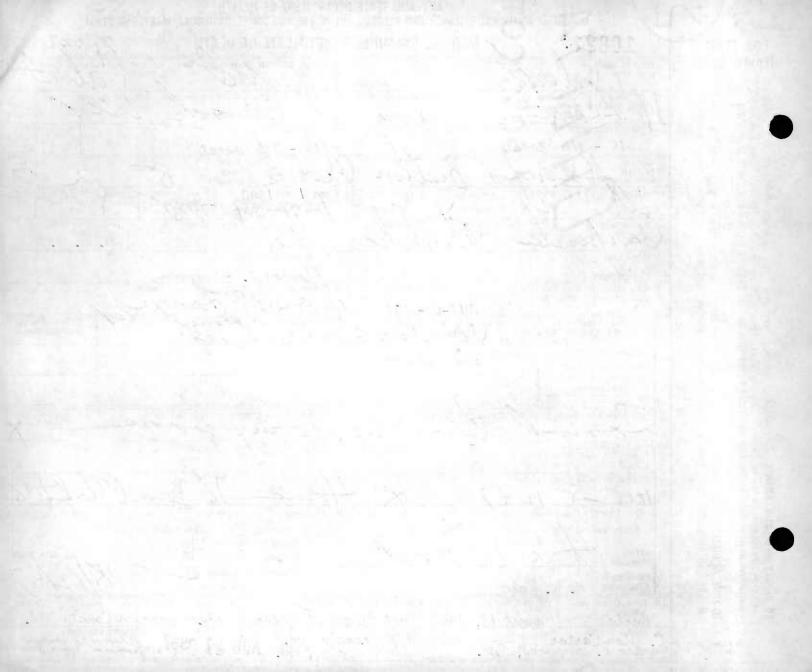
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10826 CERTIFICATE OF DEATH 10826

10020	CERTIFICAT	E OF DEATH	108	326
1. PLACE DF DEATH a. COUNTY		2. USUAL RESIDENCE (Where dece	ased lived, If Institution: Re b. COUNTY	esidence before admi-
b. CITY OR TOWN (if outside corpor	MARYLAND ate limits, c. LENGTH OF STAY IN 1b	c. CITY OR JOYNN (If outside corp.	orate limits, write RORAL	and give nearest t
write RURAL and give nearest to	NA UHA	Princes For	Mariak	04
d. NAME OF HOSPITAL OR INSTITUTI	ON (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESID
				YES N
3. NAME OF DECEASED (Type or print)	irst Middle	A. DATE OF	Month	Day Year
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years IF UNDER I	YEAR IF UNDER 24
FW	WIDOWED DIVORCED	May 171879	last birtinday) Months	Days Hours
10a. USUAL OCCUPATION (Give kind of word during meet of working lifa, eyen if retir	(done 1Db. KINO OF BUSINESS OR INDUSTRY	11_BIRTHPLACE (County & State	r foreign country) 12. Cl	TIZEN OF WHAT
13. FATHER'S NAME	Teaches	Cakest Co.	Md.	45,1
Benson To	7 Rand	14. MDTHER'S MAIDEN NAME	Annola	
15. WAS DECEASED EVER IN U.S. ARMED'S		INFORMANT	Address	1
(Yes, no, or unkown) (If yes give war or dates	214-30-086251 M	1. 6/3 W. Duka	Truck Fred	week 1
	ne cause per line for (a), (b), and (c).]	01.01		INTERVAL BETW
PART I. DEATH WAS CAUSED B'	(a) Hefferleum	. C.V. R. deser	ol	
Conditions, If any, which	TO CONTENANT	, and a		
gava risa to immediate	(0) CC CC CC TD			
underlying cause last.	(c)			
PART II. DTHER SIGNIFICANT CONDITION 2Da. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF OEI UR EITHER, NOTIFY MEDICAL EXAM	ONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE COND	ITIDŅ GIVEN IN PART 1(a)	19. WAS AUTO PERFORME YES NO
ZDA. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF OE (IF EITHER, NOTIFY MEDICAL EXAM	TH 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Par	t I or Part II of Item 18.)	
ZDc. TIME OF INJURY Month, Day, Hour a.m. p.m. 19	While Not While facto	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.)	Ity or town) (Cour	nty) (Sta
	pital attended the deceased from	10/2, 1945, to	196	2, that (I) (we)
saw the deceased alive fon	19 67, and tha	t death occurred at M, from		re date stated a
Mul	ens M.	D. PHYS. MED. DIRECTOR	STAFF PHYS.	15/67
22c. PHYSICIAN'S NAME (Type)	Weems M.	22d. ADDRESS	ugtown	y may
23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	THEREOF 23C. NAME OF CEMETER	Y OR CREMATORY 1 23d, 100	ATION City, town or cou	nty) / (State
24. FUNERAL DIRECTOR	71/67 Chust Ch	1 25a. REC'D BY REGIST	RABY 25b. REGISTBAR'S	s SIGNATURE
(C) (1/a, b	To Theyeld	a md par AUG 17	1987 Ochan	les Judge



2	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	10827 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	77
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where do gased lived, if institution: Residence before of state of the county of t	dmission
y delay is y ond 3 To PM3 Pece ort ment of frer death.	1b. (17 ON 10 M) (It autside carparate limits, write RURAL and give nearest to write RURAL and	04-1
5 % L		IS RESIDENCE ON A FARM?
death, with f with f	3. NAME OF DECEASED (Type or print) Surface Bullon Carl OF DEATH DAY	Year
s after deat 18. Give Page along with	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DAYE OF BIRTH 1800 9. AGE (In years Funder 1 year 1 if	UNDER 24 HRS. Haurs Min.
thin 24 hours after death. If encil in Item 18. Give Pages 1 miner's Office along with form pages 1 and 2 with the State D in ony event within 72 hours	10.4. Usy AL OCCUPATION (Give kind at Jork dene dring has at works lite, even trefred) 12. CITIZEN OF WINDUSTRY PROUNTRY?	HAT 7
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Slander of	
executed with anding" in pe Medical Exar permit, File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np, ar unknawn) (If yes give war or dates af service) 217-09-2885	
This certificate should be executed within 24 hours after death cate, writing the word "pending" in pencil in Item 18. Give Pag be forwarded to the Chief Medical Examiner's Office along with be used os o buriol-transit permit. File pages lond 2 with the Start to burial, cremotion, or removal, and in ony event within 72.h	18. CAUSE OF DEATH (Enter only one cause per like for (a), (b), and (c).)	/AL BETWEEN AND DEATH
hould I word the Ch rriol-tra	Conditions, if any, which gave) (b)	
icate s ng the ded ta os o bu	rise ta immediate cause (a), stating the underlying cause last.	
s certif e, writi forwar e used	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAR 10. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAR 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAR 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAR 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. WAR 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. WAR 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(b) 19. WAR 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(c) 19. WAR 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(d) 19. WAR 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(d) 19. WAR 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(d) 19. WAR 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(d) 19. WAR 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(d) 19. WAR 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(d) 19. WAR 12. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (d) 19. WAR 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (d) 19. WAR 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (d) 19. WAR 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (d) 19. WAR 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (d) 19. WAR 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (d) 19. WAR 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1 (d) 19. WAR 12. OTHER SIGNIFICANT CONTRIBUTION GIVEN CONTRIBUTION GIVE	AS AUTOPSY RFORMED?
MINER: This the certificate, 4 should be from tiles. e 3 should be gent, prior to	20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20g. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injurt in Part II or Part II of item 18.)	
EXAMINER: ute the cert age 4 should r your files. Page 3 shou	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE of INJURY (Hame, farm, foctory, street, affice bldg., etc.) While at work at work at work at work	Litate)
se execute ctor. Page ned for you ECTOR: Page stignoted o		my apinian
MECTAL EXA pleose execute director. Page retoined for you DIRECTOR: Page 15 designoted o	CHIEF MEDICAL EXAMINER	DATE SIGNED
no DEPUTY MEXAL EXAMINER: This necessory, pleose execute the certificate, the funeral director. Page 4 should be fas may be retoined for your files. TO FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to	EXAMINER'S NAME (Type) H. W. Ward DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	167
TO D nece the 5 m TO FU	23a. BURIAL, CREMATION, PEMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) RUGUST 15 1967 Port Lincoln Cemetery Prince Georges County	(State) Md.
VR A15ME (5)	24. FUNERAL DIRECTOR Carter Collen Carter ADDRESS Georgia Aug 250. REC'D BY REGISTRAR JOSE AUG 17 1967 GUISTRAR'S SIGNATURE Warner & Pumphrey Inc.	noge

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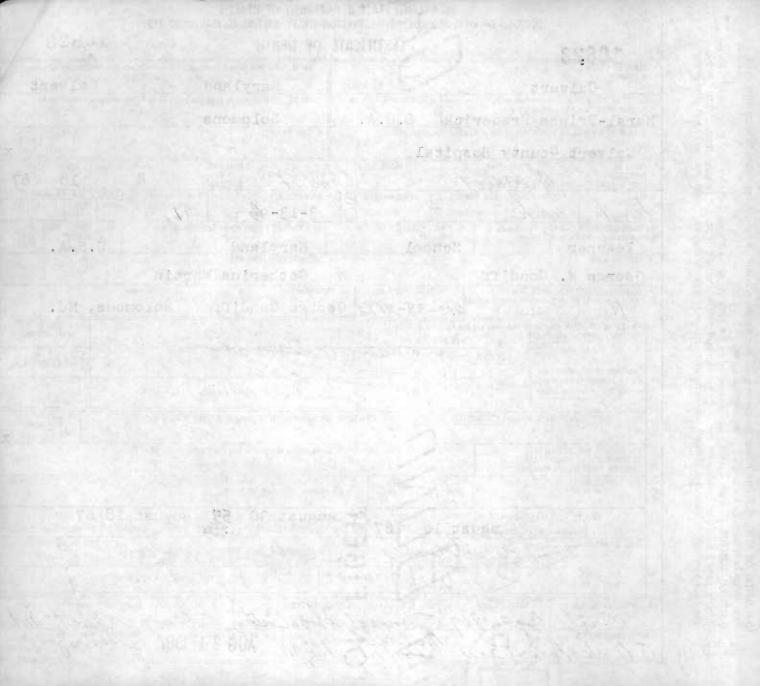


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10828 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE h COUNTY Calvert Marvland Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)

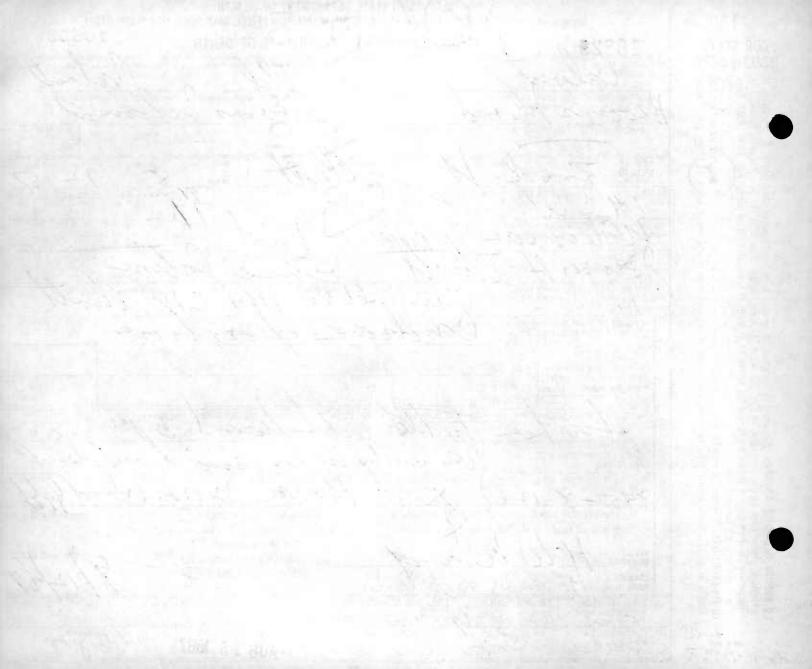
Rural-Prince Frederick D.O.

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) in by D.O.A. Solomons d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled Calvert County Hospital YES NO 🗶 3. NAME OF Middle 4 DATE Doy Year DECEASED (Type or print) 19 67 DEATH IF UNDER 1 YEAR 6. COLOR OR RACE I F UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Haurs 3-13-96 signed by the ottending physician and co burial-transit permit. Then please rema buriol, crematian, or removol, and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? U.S.A INDUSTRY School Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Condiff Catherine Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or upknown) (If yes give wor or dotes of service) George Condiff Solomons. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), DUE TO stoting the underlying cause as the prior to hos been **ATTENDING PHYSICIAN:** The low PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) TO FUNERAL DIRECTOR: After this Not While foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from August 30 19 55, to August 18967 that (I) (we) lass saw the deceased alive on August 18 19 67, and that death occurred at 3:550M, fram causes and an the date stated above director, page 3 should should be filed with the 22o. SIGNATURE 22b. DATE SIGNED ATTENDING & M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10829 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution o. COUNTY b COUNT c. LENGTH OF STAY IN 1b outside corporote P.M.3. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? farm YES NO 24 hours after deoth. e, writing the ward "pending" in pencil in Item 18. Give Pog forwarded to the Chief Medical Examiner's Office along <u>wi</u>th 3. NAME OF 4. DATE Month DECEASED (Type or print) DEATH S. SEX NEVER MARRIED IF UNDER 1 YEAR 3 3 Months WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? be executed within removal (If yes give wor or dotes of service) CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE CAUSE (o) This certificate should cremotion, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPS PERFORMED? LATED TO THE 9 Poge 4 should be prior XTERNAL CAUSE WAS PRIMARY - or CONTRIBUTING -CAUSE OF DEATH. 'O FUNERAL DIRECTOR: Page 3 sh Health or its designated agent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED INJURY (Home, form Not While 21. I certify that I taak charge of the remains described obove, held an Autapsy and in my opinion Inspection Inquiry director. Suicide [death resulted from Na) Oral Undetermined manner couses Accident Hamicide retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Campberry FUNERAL DIRECTOR REGISTRAR'S SIGNATURE VR A15ME (5) 1967 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10830 CERTIFICATE OF DEATH 10830 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Calvert Maryland MARYLAND Calvert b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

Rural-Prince Frederick 22 d
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 22 davs Rural-Owings .⊆ d STREET ADDRESS e. IS RESIDENCE ON A FARM? Filed Calvert County Hospital YES * NO carbaní Middle Last 4. DATE Manth Day 3 DECEASED Giles (Type or print) Loretta DEATH S. SEX 6. COLOR OR RACE 7. MARRIED TO DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthday) Manths Days 9-14-01 emale WIDOWED DIVORCED negro 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
housewife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT INDUSTRY U.S.A. Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Richard Holland Josephine Wwill 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war ar dates af service) 214-36-1647 Oscar Giles Owings, Md. crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s). INTERVAL BETWEEN PART f. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? far use Health p CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (State) Haur 'a.m Nat While factory, street, affice bldg., etc.) at wark 21. I certify that (I) (this hospital) attended the deceased fram Oct. 19, 1965, to Aug. 30, 1967, that (I) (we) last Page 4 may be retained TO FUNERAL DIRECTOR: saw the deceased alive an August 301967, and that death accurred at 1:050M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR X director, page 3 should be filed v PHYS. 22d. ADDRESS NAME (Type) Roberto de Villarreal, M.D. St. Leonard, Maryland 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) REMOVAL (Specify) Sunderland Cal ..d 9-2-67 mt. Hope Ch.Cem 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 DATESEP

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		ACE OF DEATH					2. USUAL RESIDENCE (Where deceosed live	ed, if institu	tion: Residence	befare ad	mission)
	0.	COUNTY	alvert		NA :	ARYLAND	a STATE	land	b. COU		artin.	
ŀ	b	CITY OR TOWN	(If autside carparote limit	s,	c. LENGTH OF STA		c. CITY OR TOWN (If or		its, write RL	JRAL and give r	earest to	wn)
1	D.		nd give nearest town)		2 day		Balti					
ŀ	_ d	NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in hasnital a	ive street address	3	d. STREET ADDRESS	THOI.6			314	RESIDENCE
ı			County H				1402 Mc	hall ook	Str	eet	01	N A FARM?
ŀ		AME OF		rst Ca	Middle		lost	4. DATE			_	
	(1	ype or print)	Gra		T I	. Mo	Cloud	0.5	Lugus	st	5 Doy	year 19 67
	s. si	x emale	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARR		B. DATE OF BIRTH		(In years birthdoy) Yrs.	Months D		UNDER 24 HRS. aurs Min.
ľ	10o.	SUAL OCCUPATIO	N (Give kind of work dane	1Db. K1	ND OF BUSINESS OR		11. BIRTHPLACE (County		-	12. CITIZ	EN OF WH	IAT
l	durin	g most of working	life, even if retired)	IN	DUSTRY		Marylar	nd		US	TRY?	
ľ	13.	ATHER'S NAME					14. MOTHER'S MAIDEN					
١		Henry	Turner				Harr	riett Pl	latta			
İ		WAS DECEASED EV	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO	. 17. 1	NFORMANT		Addr			
	(Yes	na, ar unknawn)	(If yes give wor or dotes	of service) 21	7-16-02	O Hor	sital admi	lssion o	hart			
İ	T	18. CAUSE OF D	EATH (Enter only one co			7	111					L BETWEEN
Ì		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	1 + n	reelo	ton	vollo	100			ONSET A	AND DEATH
		444X		, ,	1 - 0	1 A	-/ 1	Un				
1		Conditions, if any		(b) are	enasel	cull	& lead	SUS	,			
1		ise to immedia toting the unde		TO 1/		1.		,				
l		ast.)	(c)	1 Toll	up	_					
ı	2	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT F	RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN F	ART I(o)		19. WAS	S AUTOPSY FORMED?
ı	ATIC										YES [NO 🗌
۱	Ĕ	Do. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DE	CRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Port I or Port II of	item 18.)			
	E	IF EITHER, NOTIFY	MEDICAL EXAMINER)									
1	MEDICAL CERTIFICATION	20c. TIME OF INJ Hour o.	URY Manth, Doy, Year		JURY OCCURRED		E OF INJURY (Home, form		or tawn)	(Count	y)	(Stote)
	W		m. 19	While of work	Not While of wark]	ary, street, office bldg., etc.)				
1			ify that (I) (this has	pital) attend			,1	9, to		, 19	, that i	(I) (we) las
1			eceased_aliy@an	8/4	196	, and that	death occurred at	M, from	n causes	ond an the	date st	ated above
		220. SIGNATURE	121.	1	/		ATTENDING	MED.	STAFF _	22b. DATE		N
I	_		Enus	le	10/	M.D	PHYS.	DIRECTOR L	PHYS. L	1 8-	5-6	,
		22c. PHYSICIAN'S NAME (Type		Ersc	y, M.D.		22d. ADDRESS Prince	Freder	ick,	Maryl	and	
F	23a.	BURIAL, CREMATI	ON, 23b. DATE TH	EREOF /	23 NAME OF CE	METERY OR C	CREMATORY	23d. LOCATION	(City or To	own) (C	ounty)	(State)
	B	REMOVAL (Specifical)	ung.	9/67	glatio	nel	Comelery	Bal	timo	ero:	Me	to
	24,	FUNERAL DIRECTO	OR /	1	ADDRESS	b	2So. REC	D BY REGISTRAS	7 2Sby	BISTRAR'S SIGI	IATURE	ge
	1	Martel	& (ldam	U Cla	suases	. 11	W. DATE	T T 1001	1	V	0 6	

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Committee of the commit

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10833 CERTIFICATE OF DEATH 10833 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY petely filled in by the fur carbon papers. Pages 1 ent, within 72 haurs after Calvert Calvert MARYLAND Maryland b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Prince Frederick
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Prince Frederick d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Calvert County Hospital NO-3. NAME OF DECEASED Middle Last 4. DATE Day Year physician and campletely 9. AGE (In years lost birthday)
yrs. (Type or print) Ellen Smoot Cora S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED remave and in any ev Months Davs 10-24-81 WIDOWED T DIVORCED Female White

100. USUAL OCCUPATION (Give kind at wark dane
during most of working lije even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY USA COUNTRY? Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Samuel Henry Cole Margaret Phillips IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, grunknown) (If yes give war ar dates af service 220-32-7073 Hospital Medical record 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave nse ta immediate cause (a). DUE TO stating the underlying cause as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? CERTIFICATION af Health NO this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased from , 19___, that (1) (we) last saw the deceased alive on_ and that death accurred at TICAM, fram causes and an the dote stated above. 22g. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS Page 4 may NAME (Type) Osman Z. Ersoy. Prince Frederick, Maryland NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) REMOVAL (Specify) 250. PEC'D BY REGISTRAR DATE AUG 2 5 FUNERAL DIRECTOR 2Sb. VR A15 (4) 25M 1/67

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1		Division of STATISTIC			PARTMENT OF I	H <mark>EALTH</mark> REET, BALTIMORE, MAR	YLAND 21201
FOR STATE		10834	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	10834
HEALTH DEPT	1.	COUNTY Calver		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased lived, if institution b. CO	tution: Residence before odmirston)
uny delay is y, 2, and 3 to m PM3, Page bepartmen of soften devition		o. OR TOWN (If outside corporate lights, purity BURIX and give nearest town)	ref	IGTH OF STAY IN 16	Ches-	putside prorate limits, write	ing of
ges 1, 2, a farm PM farm PM afte Depart	(Name of Hospital to Institution (1169)	n hospitol, give stre	1	d. STREET ADDRESS	rel	e. IS RESIDENCE ON A FARM? YES NO
deat		NAME OF DECEASED Type or print)	- Ell	Middle Wesner	sprec	OF DEATH	Doy Year
haurs after Item 18. Gis Office alang I and 2 with a		- W	WIDOWED 💆	DIVORCED	SOATE OF BIRTH	9. AGE (In yeors ost birthdoy) yrs.	
thin 24 haurs ncil in Item I niner's Office pages I and 2 in any event	L_	USUAL OCCUPATION (Give kind of work done ng most of your log life even if retired)	10b. KIND OF E	BUSINESS OR	11. BIRTHIPHACE (Stot		12. CITIZEN OF WHAT COUNTRY?
will be held	13.	Bygan Mc	Sec	_	14. MOTHER'S MAIDEN	- Unknow	m.
be executed 'pending' in ited Medical Exist permit. Firemaval, and remaval, and items.	15. (Ye	WAS DECLISED EVER IN U.S. ARMED FORCES? s, no, or with nown) (If yes give war or dates of si	TVICE) 16. SOCIAL S	SECURITY NO. 17.	in H b	esne	Same as 2.
be execute "pending" hief Medical ansit permit. ar remaval,		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b),	ond of	Polys	ell	INTERVAL BETWEEN ONSET AND DEATH
ate shauld be e g the ward "pen ed ta the Chief A a burial-transit crematian, ar re		Conditions, if ony, which gove rise to immediate couse (a).	June	true	at l	ny	33/mg
This certificate shauld cate, writing the ward be farwarded ta the Cl be used as a burial-tre ta burial, crematian,		stoting the underlying couse lost.			,		
his certifica ate, writing be farwarde be used as ta burial, c	CATION	PART HI OTHER PROPIETOR CONDITIONS CON	RIBUTING O DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
INNER: This ne certificate, shauld be fa files. 3 shauld be ta shauld be ta files.	L CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE I	HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Port II of item 1B.)	
Please execute the certifical director. Page 4 should b retained for your files. L DIRECTOR: Page 3 should its designated agent, prior	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour p.m. \$ 2 \) 18			At of INJURY (Home, for		Calvery Calvertu
execute ar. Page ar. Page at far yau CTOR: Paggnated a		21. I certify that I taak charge of death resulted fram: Natural of			ld an Autapsy [], ide [], Hamicid		quiry, and in my opinian
please exemplease exemplease exemplease exemplease exemplease exemplease exemplease exemplease for retained far birscrore.		ACTUAL SIGNATURE ALU LA	Jan	P	CHIEF MEDICAM.D. ASSISTANT ME	L EXAMINER DICAL EXAMINER	22. DATE SIGNED
no DEPUTY MEDICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for your or FUNERAL DIRECTOR: Page Health ar its designated age		EXAMINER'S NAME (Type)	WA	P.D	Address (Stree	CAL EXAMINER (et, city, town, or county)	8/26/67
TO L		BURNAL (REMATION, 236 DATE THEREI		HAME OF GEMETERY OR	ows	23d JOCKHON (City or 1	load Scurpfills
VR A15ME (5)	24	FUNERAL DIRECTOR Tunes	al Hom	ADDRESS /			REGISTRAR'S SIGNATURE

